Affordable Care Act (ACA) Impacts for San Diego County

Health Care Reform Update June 13, 2013

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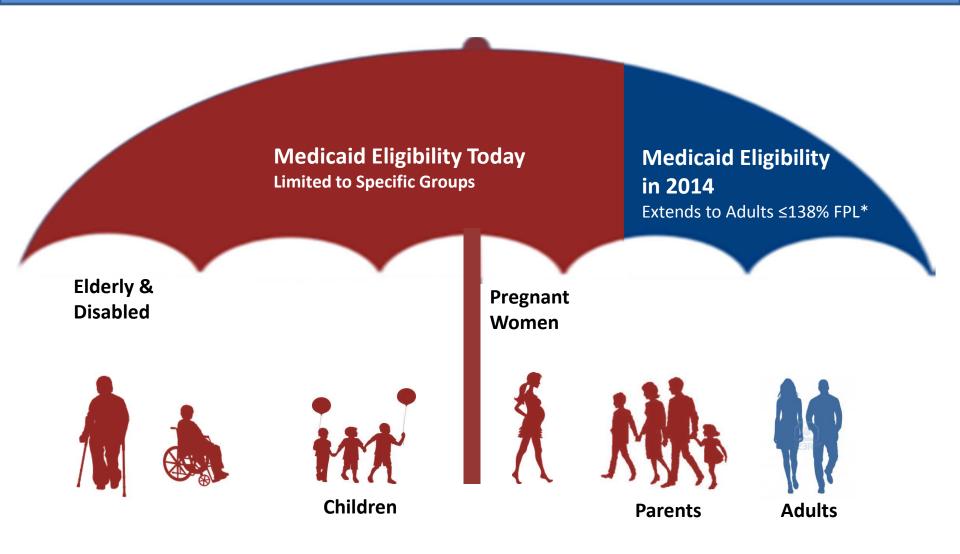




Update Topics

- Health Plan Selection for the Health Benefits Exchange Plans offered in San Diego:
 - Anthem Blue Cross
 Blue Shield of California
 - Health Net
 Kaiser Permanente
 - Molina Healthcare
 Sharp Health Plan
- Outreach and Education:
 - Community-based grants (\$43M over 2013 14)
 - Outreach and education of the Health Benefits Exchange
 - Paid media campaign
 - Local San Diego Organizations Awarded Grants
 - 211, San Diego
 - Council of Community Clinics
 - Social Advocates for Youth, San Diego (SAY, San Diego)
- Additional Clarity of 2 Medi-Cal Programs
- CalWIN and CalHEERS Data Entry
- Technical and Training Concerns
- Horizontal Integration of CalFresh

Medicaid Eligibility Expanded to Fill Coverage Gaps for Adults



Covered California: CA's Health Benefits Exchange

Private Insurance (400% +)

APTC/CSR(200%-400%) FPL

Advanced Premium Tax Credit/Cost Sharing Reduction

Proposed Bridge Health Plan (139%-200%) FPL

MAGI (0-138%) FPL

(Modified Adjusted Gross Income)

(ABD, LTC, etc.)

Medi-Cal MAGI Groups

- Children (infants to 18 yrs) age and income determine with or without premiums (up to 250% FPL)
- Parents/Caretaker Relatives (138% FPL)
- Pregnant Women (138% FPL for full scope/ 139-200% FPL for pregnancy services)
- Adults (19-64 yrs) (138% FPL)

Medi-Cal Non-MAGI Groups

- Aged (65+ yrs), Blind or Disabled (ABD) individuals
- Long-Term Care (LTC) individuals
- Medicare eligibles (Part A/B) for Medicare Savings Programs (QMB/SLMB/QI-1)
- Individuals eligible for SSI, Foster Care, or Adoption Assistance programs
- Individuals/Families eligible as Medically Needy (AFDC-MN) with a dependent child (Absent/Deceased/Incapacitated/Unemployed parent)

Covered California: Major Activities 2013 - 2014

- Health Plan Selection for the Health Benefits Exchange. Plans offered in San Diego:

 - Anthem Blue Cross
 Blue Shield of California
 - Health Net

- Kaiser Permanente
- Molina Healthcare
 - Sharp Health Plan
- California Health Eligibility, Enrollment & Retention System (CalHEERS): being developed by Covered California; must be online October 2013
- Outreach and Education:
 - Community-based grants (\$43M over 2013 14)
 - Outreach and education of the Health Benefits Exchange
 - Paid media campaign
 - Local San Diego Organizations Awarded Grants
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 - Social Advocates for Youth, San Diego (SAY, San Diego)

- Enrollment through Covered California begins
 October 1, 2013
 - First open enrollment period extends to March 31, 2014
- Coverage effective January 1, 2014
- Counties are expected to:
 - Conduct eligibility for MAGI Medi-Cal (0-138% FPL) and mixed household (139-400% FPL) Health Exchange products (beginning April 2014)
 - Serve Family Resource Center (FRC) walk-in customers, direct calls to HHSA ACCESS, US mail, and My Benefits CalWIN for MAGI Medi-Cal and Covered California health coverage products

Call Center Workflow:

- Individuals who call the Covered California Call Center will be screened for Health Exchange coverage eligibility
 - San Diego residents screened as MAGI Medi-Cal (0-138% FPL) or mixed household, will be transferred to San Diego's HHSA ACCESS call center (beginning April 2014)
- Covered California expectation: Transferred calls are to be answered by counties within 30 seconds, 80% of the time
 - Calls with wait times in excess of 30 seconds will be transferred to another county within the CalWIN consortia (18 total counties)
 - Calls with wait times in excess of 3 minutes will be transferred to another consortia (LEADER and /or C-IV)

Workflow (additional):

- CalHEERS (Exchange Database) web portal and US mail applications for MAGI (0-138% FPL) and mixed cases for San Diego residents will be forwarded to San Diego for eligibility processing
- Counties will initially have to enter cases into two systems,
 CalWIN and CalHEERS
- Counties (HHSA) are expected to enter Covered California Health Exchange product information direct into CalHEERS, and assist customers with choosing a Health Benefits Exchange product

Call Center/Customer Workflow

CalHEERS Call Center, Web Portal, and Mail Application

ENTER: Customer calls Covered California Call Center who screens call for Health Exchange coverage eligibility. Limited information is entered into CalHEERS.

> If the customer is: 139-400% FPL, Covered California keeps and processes customer for Health Exchange product.

If the customer is: MAGI Medi-Cal (0-138% FPL) or mixed household (139-400% FPL), call is transferred to San Diego County (ACCESS). Calls must be answered within 30 seconds, 80% of the time or call is transferred to an alternate CalWIN county (18 total counties).

CalHEERS will send data to CalWIN, so County can view the information real time during the call. Note: the interface implementation has been delayed until at least January 1, 2014.

If the call was transferred in error (139-400% FPL), County is to continue processing the application & enrollment.

CalHEERS Web Portal and US mail applications for MAGI and mixed cases for San Diego will be forwarded to HHSA for processing.

Family Resource Center (FRC) and Direct Call to ACCESS

ENTER: Customer walks into an FRC or calls ACCESS directly.

County is responsible for processing eligibility for MAGI Medi-Cal (0-138% FPL) and mixed households (139-400% FPL).

Initially data entry into both CalWIN and CalHEERS will be required for MAGI Medi-Cal (0-138% FPL). Covered California programs (139-400% FPL) will be entered directly into CalHEERS.

Projected New Cases in San Diego:

- MAGI Medi-Cal (0-138% FPL): 135,000 (includes LIHP)
- Health Exchange (139-400%) eligible: 200,000
- Mixed cases (MAGI and Exchange eligible): unknown

County of San Diego's Planning Activities/Actions:

- Identified CalHEERS/ACA Project Manager; began CalHEERS Call Center Tiger Team
- Formed Health Care Reform Steering Committee
- Participating in State-wide Planning workgroups
- Working with County legislative office, County Counsel, California Welfare Directors' Association (CWDA), California State Association of Counties (CSAC), Covered California, and CalWIN on operational strategies
- Assessing workload/staffing impact

Policy Areas Pending Future Federal Guidance:

- Final data elements of the single streamlined application and prepopulated renewal forms.
- Case management/handling of mixed households (Medi-Cal/APTC).
- Final verification plan and impact to SAWS/county business processes.
- Whether medically needy with a SOC is minimum essential coverage.
- Business processes associated with continuing the Medi-Cal/CalWORKS linkage.
- Transitional Medi-Cal.
- Impact of open enrollment period on SAWS/counties.
- Notice of Action content and triggers.
- Senate Bill 87/Ex parte requirements.
- Outreach to potential Exchange/Medi-Cal eligible, CalFresh, CCS, etc.
- Case management of mixed cases and mass updates.
- Renewal processing for MAGI and non-MAGI eligibility.
- Periodic verification processing for MAGI and non-MAGI eligibility.
- Handling of appeals after adjudication.
- Handling of CalWORKS timed-out adults.
- Policy for where potential applicants are directed to mail applications (County verses CalHEERS service center).
- Final ACA aid codes.

Questions?